

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H36572** (6)
1. Corporation Name
A TIME TO TRAVEL THE WORLD, INC.

Principal Place of Business 7512 DR PHILLIPS BLVD ORLANDO FL 32819 US	Mailing Address 7512 DR PHILLIPS BLVD ORLANDO FL 32819 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/31/1984	
				4. FEI Number 59-2477897	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent MARCHENA, MARCOS R 233 SOUTH SEMORAN BLVD ORLANDO FL 32807				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	NEWNHAM, LUCILE J.	1.2 NAME	
STREET ADDRESS	2090 MOHICAN TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HOYLE, DEBORAH	2.2 NAME	
STREET ADDRESS	2020 FLAMING ARROW CRT	2.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KISER, DAVID	3.2 NAME	
STREET ADDRESS	4888 HALL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	KISER, BARBARA	4.2 NAME	
STREET ADDRESS	4888 HALL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	NEWNHAM, DONALD F.	5.2 NAME	
STREET ADDRESS	2090 MOHICAN TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HOYLE, DANIEL	6.2 NAME	
STREET ADDRESS	2020 FLAMING ARROW COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Kiser* 1029098 407/345-1181

CR2E034 (10/97)